





Submit Institutional Claims Online (Direct Data Entry)





Quick Reference






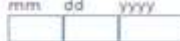







Business Rules

- Mode of Claim Submission “Direct Data Entry (DDE)” must be select within the Provider Enrollment file for access
- Fields marked with an asterisk (*) are required and must be completed for the Claim to be submitted successfully
- DDE is available only for **original** claim submission; not for Adjustments or Voids (Type of Bill xx7 or xx8 are not allowed)
- Claim Reference Number (CRN) is now referred to Transaction Control Number (TCN)
- There are no hyperlinks from the DDE screens to any other screens within CHAMPS, except Billing Instructions
- There are multiple categories marked with a . These are expandable. Data should be entered into these fields as they pertain to the claim you are entering. Only leave expandable boxes open if you have entered data in those fields. If no data is entered, keep expandable boxes closed. Attending Provider ID is one such category that is required for all institutional claims

Action	Submit Institutional Claims Online – Submit Claims	Notes
Submit Claims	<ol style="list-style-type: none"> After you have logged into CHAMPS with your Single Sign On (SSO) user ID and password, select one of the following profiles: CHAMPS Full Access, CHAMPS Limited Access or Claims Access Click on the Claim Submission hyperlink. Click the Submit Institutional claim type hyperlink 	<ul style="list-style-type: none"> The Submit Institutional Claim page appears. Hyperlinks appearing near the top of this page take you to the corresponding area on the page. For example, clicking the “Beneficiary” hyperlink causes the page to scroll to the Beneficiary section of the page
Action	Submit Institutional Claims Online – Provider Information	Notes
Provider Information	<ol style="list-style-type: none"> The Billing Provider ID number under the Provider Information Section at the header level of the claim will be pre-populated with the NPI of the Domain you have entered into the system under <div style="border: 1px solid black; padding: 2px; display: inline-block;">Provider ID: 1234567890 *</div> The Type from the drop down lists will be pre-populated with type NPI <div style="border: 1px solid black; padding: 2px; display: inline-block;">Type: NPI *</div> Enter the Attending Physician Information, by doing the following: <ol style="list-style-type: none"> Click the red  to expand the Attending Physician Information section Enter the Provider ID <div style="border: 1px solid black; padding: 2px; display: inline-block;">Provider ID: <input type="text"/> *</div> Select the Type from the drop down menu <div style="border: 1px solid black; padding: 2px; display: inline-block;">Type: *</div> 	<ul style="list-style-type: none"> You must select the Domain of the Billing Provider NPI. If you have selected the incorrect Domain and wish to change the Provider ID, you must click on My Inbox and select Change Profile Attending Physician Information is required for all Institutional claim types

	4. Optionally, enter the Taxonomy Code Taxonomy Code: <input type="text"/>	<ul style="list-style-type: none"> Free-standing rehab facilities and outpatient ambulance services supply the appropriate Taxonomy codes
Action	Submit Institutional Claims Online – Beneficiary Information	Notes
Beneficiary Information	1. Enter the Beneficiary ID Beneficiary ID: <input type="text"/> * 2. Enter the Beneficiary's Last Name Last Name: <input type="text"/> * 3. Enter the Beneficiary's First Name First Name: <input type="text"/> * 4. Optionally, enter the Beneficiary's Middle Initial (MI) MI: <input type="text"/> 5. Optionally, enter the Beneficiary's Suffix Suffix: <input type="text"/> 6. Enter the Beneficiary's Date of Birth Date of Birth: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy * 7. Select an option from the Gender drop-down list Gender: <input type="text"/> *	<ul style="list-style-type: none"> Examples of a Suffix are: Jr. or Sr. Use the two-digit month (mm), two-digit date (dd), and four-digit year (yyyy) format
Action	Submit Institutional Claims Online – Claim Information	Notes
Claim Information	1. Enter the Patient Control Number Patient Control No.: <input type="text"/> * 2. Optionally, enter the Medical Record Number Medical Record No.: <input type="text"/> 3. Enter the Type of Bill Type of Bill: <input type="text"/> * 4. Enter a date in the Statement Dates From and To Statement Dates: From: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy To: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy * 5. Optionally, enter the Admission Date/Hour Admission Date/Hour: <input type="text"/> mm <input type="text"/> dd <input type="text"/> yyyy - <input type="text"/> hh <input type="text"/> mm 6. Optionally, enter the Admission Type Admission Type: <input type="text"/> 7. Enter the Admission Source Admission Source: <input type="text"/> * 8. Optionally, enter the Discharge Hour Discharge Hour: <input type="text"/> hh <input type="text"/> mm 9. Enter the Patient Status Patient Status: <input type="text"/> *	<ul style="list-style-type: none"> Patient Control Number is assigned by your office or facility eg. Chart number. Type of Bill must be 4 digits with leading zero Admission Type is required for Inpatient

	<p>10. Enter the Principle Diagnosis Code</p> <p>Principal Diagnosis Code: <input type="text"/></p> <p>11. Optionally, select the POA from the drop down menu</p> <p>POA: <input type="text"/></p> <p>12. Optionally, select the Auto Accident State/Province</p> <p>Select the State/Province from the drop down menu</p> <p>Auto Accident State/Province: <input type="text"/></p>	<ul style="list-style-type: none"> • Diagnosis Code can not contain decimals • Principle Diagnosis Code can not begin with E • POA is required for Inpatient type of bills only • Select State/Province that Auto Accident occurred in
Action	Submit Institutional Claims Online – Optional Claim Information	Notes
Optional Claim Information	<p>1. To add optional Condition Information, do the following:</p> <p>a. Click the red  to expand the Condition Information section</p> <p>b. Enter the Condition Code 1. Condition Code: <input type="text"/></p> <p>2. To add optional Occurrence Information, do the following:</p> <p>a. Click the red  to expand the Occurrence Information section</p> <p>b. Enter the Occurrence Code 1. Occurrence Code: <input type="text"/></p> <p>c. Enter the Occurrence Date Occurrence Date: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>3. To add optionally Occurrence Span Information, do the following:</p> <p>a. Click the red  to expand the Occurrence Span Information section</p> <p>b. Enter the Occurrence Span Code 1. Occurrence Span Code: <input type="text"/></p> <p>c. Enter the From and Through Dates</p> <p>From Date: <input type="text"/> <input type="text"/> <input type="text"/> Through Date: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>4. To add optionally Value Information, do the following:</p> <p>a. Click on the red  to expand the Value Information section</p> <p>b. Enter the Value Code 1. Value Code: <input type="text"/></p> <p>c. Enter the Value Amount \$ Value Amount: \$ <input type="text"/></p>	<ul style="list-style-type: none"> • If more than 1 Condition Code needs to be added, click on “Add Another” hyperlink. Another row will be displayed • If more than 1 Occurrence Code needs to be added, click on “Add Another” hyperlink. Another row will be displayed • If more than 1 Occurrence Span Code needs to be added, click on “Add Another” hyperlink. Another row will be displayed • If more than 1 Value Code needs to be added, click on “Add Another” hyperlink. Another row will be displayed

5. To add optionally **Delay Reason**, do the following:
 - a. Click on the red  to expand the Delay Reason section
 - b. Select an option in the Delay Reason Code drop-down
 Delay Reason Code:  *
6. To add optionally **Other Insurance Information**, do the following:
 - a. Click the red  to expand the **Other Insurance Information** section
 - b. Select an option in the **Payer Responsibility Code** drop-down list
 Payer Responsibility Code:  *
 - c. Enter the **Payer ID Number**
 Payer ID Number:  *
 - d. Enter the **Remittance Advice Date**
 Remittance Date:  mm dd yyyy
 - e. Optionally, enter the **Subscriber Member ID**
 Subscriber Member ID: 
 - f. Optionally, enter the Subscriber's **Last Name, First Name, Middle Initial (MI)**, and **Suffix** where appropriate.
 - g. Enter the **Insured's Group or Policy Number**
 Insured's Group or Policy Number:  *
 - h. Select an option in the **Beneficiary's Relationship** drop-down list
 Beneficiary's Relationship:  *
 - i. Select an option in the **Claim Filing Indicator** drop-down list
 Claim Filing Indicator :  *
 - j. Enter an amount in the **Total COB Payer Paid Amount** field
 Total COB Payer Paid Amount: \$  *
 - k. Optionally, enter the **Reason Code, Amount, and Adjustment Quantity**
 - l. Click the **Add Another** [Add Another](#) hyperlink to add additional insurance information then repeat **Steps 5a – 5l**.
7. To add optionally **Prior Authorization**, do the following:
 - a. Enter the **Prior Authorization Number**
 Prior Authorization Number: 
 - b. Select "Yes" or "No" if the Prior Authorization is a **MDCH PA**
 MDCH PA: ☐ Yes ☐ No
 - c. To add optionally **Referral**, do the following:
 Enter the Referral Number
 Referral Number: 

- Provides the reason that the claim submission to MDCH was delayed for Secondary and Tertiary Claims. Always use Delay Reason Codes if applicable.
- For other insurance, Primary must be entered in the first occurrence of Payer Responsibility Code; Secondary must be entered in the second occurrence, and Tertiary must be entered in the third occurrence
- Provider can submit up to 3 other insurances
- The list of **Payer ID (Carrier ID) Numbers** can be found on www.michigan.gov/medicaidproviders >>Billing and Reimbursement >>Third Party Liability
- Report primary or secondary payer's **Remittance Date**
- When **Beneficiary's Relationship** is any value other than "self", Subscriber Member ID, Last and First Name must be entered
- **Total COB Payer Paid Amount** may be "zero".
- Do not report contraction/ Adjustment amount with payment in **Payer Paid Amount** field
- Click "Add Another Reason Code" to add additional **Reason Codes**
- When a prior authorization (PA) is entered, the user must select a radio button to Indicate whether the PA is MDCH issued or not. If yes is selected, the PA is MDCH issued and must be validated in PA tables. If no is selected, no validation of the number is required
- If a second Prior Authorization number is obtained, enter second Prior Authorization number in **Referral Number**

d. To add optionally PRO Authorization, do the following:

Enter the PRO number PRO Number:

8. To add optionally **Diagnosis Information**, do the following:

a. Click the red  to expand the **Diagnosis Information** section

b. Optionally, enter the **Admitting Diagnosis Code**

Admitting Diagnosis Code:


c. Optionally, enter the **PPS/DRG** PPS/DRG:

d. Optionally, enter the **Reason for Visit**

Reason For Visit: 1:

e. Optionally, enter **E-Code** E-Code:

f. Optionally, select the **POA** POA:

g. Optionally, click the red  to expand the **Other Diagnosis Information** section


9. To add optionally **Procedure Information**, do the following:

a. Click the red  to expand the **Procedure Information** section

b. Enter the **Principal Procedure Code**

Principal Procedure Code:

c. Enter the **Procedure Date** Procedure Date:

d. Optionally, click the red  to expand the **Other Procedure Information** section

e. Enter the **Other Procedure Code** and **Procedure Date**

1. Other Procedure Code: Procedure Date:


10. To add optionally **Operating Physician Information**, do the following:


a. Click the red  to expand the **Operating Physician Information** section




b. Enter the **Provider ID** Provider ID:

c. Select the **Type** from the drop down menu Type:













11. To add optionally **Other Physician Information**, do the following:

a. Click the red  to expand the **Other Physician Information** section

- When a PACER is obtained for an Inpatient stay, enter PACER in **PRO Number**
- **Admitting Diagnosis** is required for Inpatient
- Do not use decimals or spaces when reporting Diagnosis codes
- Up to 3 **Reason for Visit** codes are allowed
- **Reason for Visit** is required for TOB 013x, 085x when RC 0450, 0451, 0452, 0459, 0516, 0526, 0762 reported
- Click "Add Another" to add additional **E-Code** and **POA**
- This is for ICD-9 Surgical Procedure codes and dates, not line level CPT/HCPCS codes
- All Secondary Surgical procedures now require the date
- **Reminder, if no data is entered keep expandable red  boxes closed.**

	<p>b. Enter the Provider ID <small>Provider ID:</small> <input type="text"/></p> <p>c. Select the Type from the drop down menu <small>Type:</small> <input type="text"/></p> <p>12. To add optionally Rendering Physician Information, do the following:</p> <p>a. Click the red  to expand the Rendering Physician Information section</p> <p>b. Enter the Provider ID <small>Provider ID:</small> <input type="text"/></p> <p>c. Select the Type from the drop down menu <small>Type:</small> <input type="text"/></p> <p>13. To add optionally Referral Physician Information, do the following:</p> <p>a. Click the red  to expand the Referral Physician Information section</p> <p>b. Enter the Provider ID <small>Provider ID:</small> <input type="text"/></p> <p>c. Select the Type from the drop down menu <small>Type:</small> <input type="text"/></p> <p>14. To add a Claim Note, do the following:</p> <p>a. Click the red  to expand the Claim Note section</p> <p>b. Enter information in the Claim Note field</p> <p>15. Select "Yes" or "No" for the "Does this claim have backup documentation?" question</p>	<ul style="list-style-type: none"> Claim Notes are restricted to 80 characters If "YES" is selected for this question, add a Claim Note and enter the EZLink information relating to the backup documentation for the claim
Action	Submit Institutional Claims Online – Basic Line Item Information	Notes
Basic Line Item Information	<p>1. Enter the Revenue Code <small>Revenue Code:</small> <input type="text"/></p> <p>2. Optionally, enter the HCPCS <small>HCPCS Code:</small> <input type="text"/></p> <p>3. Optionally, enter up to four (4) Modifiers <small>Modifiers: 1:</small> <input type="text"/></p> <p>4. Optionally, enter the Service Date <small>Service Date:</small> <input type="text"/> <input type="text"/> <input type="text"/></p>	<ul style="list-style-type: none"> Revenue Code 0001 cannot be submitted on any service line Revenue Codes must be 4 digits per NUBC guidelines Line Service Date is required for TOB 013x, 014x, 034x,

	<p>5. Optionally, enter the Last Date of Service Last Date of Service: <input type="text"/> <input type="text"/> <input type="text"/></p> <p>6. Optionally, enter HCPCS Description HCPCS Description: <input type="text"/> Characters Remaining: 80</p> <p>7. Enter the Service Units Service Units: <input type="text"/></p> <p>8. Enter the Total Line Charges Total Line Charges: \$ <input type="text"/></p> <p>9. Optionally, enter the Non-Covered Line Charges Non-covered Line Charges: \$ <input type="text"/></p> <p>10. Optionally, enter Operating Physician ID: a. Operating Physician ID: (If different from header) <input type="text"/> b. Select the Type from the drop down menu Type: <input type="text"/></p> <p>11. Optionally, enter Other Operating Physician ID: a. Other Operating Physician ID: (If different from header) <input type="text"/> b. Select the Type from the drop down menu Type: <input type="text"/></p> <p>12. Optionally, enter Rendering Physician ID a. Rendering Physician ID: (If different from header) <input type="text"/> b. Select the Type from the drop down menu Type: <input type="text"/></p> <p>13. Optionally, enter Referring Physician ID a. Referring Physician ID: (If different from header) <input type="text"/> b. Select the Type from the drop down menu Type: <input type="text"/></p> <p>14. Optionally, enter the National Drug Code, enter a Quantity, enter Units, enter Qualifier and Prescription/Link No National Drug Code: <input type="text"/> Quantity: <input type="text"/> Unit: <input type="text"/> Qualifier: <input type="text"/> Prescription/Link No: <input type="text"/></p>	<p>072x, 074x, 075x, 085x</p> <ul style="list-style-type: none"> Can enter a brief description of procedure that was rendered for clarification such as an unclassified procedure Only enter Operating, Other Operating, Rendering and Referring Physician Id at Line level, if different than what is reported at Header Detail If Billing for a Compound Drug, report the Prescription/Link No
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	<p>15. Click the Add Service Line Item  button</p> <ol style="list-style-type: none"> The Service Line Item will appear under the “Previously Entered Line Item Information” section Optionally, click Line No. to retrieve line item information for editing Optionally, click Insurance Info hyperlink to add other insurance information at the line level Optionally, click  to duplicate the service line Optionally, click  to delete service line <p>16. Repeat Steps 1 – 14 to add additional Service Lines</p> <p>17. Click the Update Service Line Item  button to make changes to a previously added Service Line</p> <p>18. If you wish to save the claim as a Template prior to clicking Submit Claim  click the Save as Template  button.</p> <ol style="list-style-type: none"> A confirmation message appears providing a Template Number, click the Print button on the Print Pop Up screen . To locate the Template click on the Menu bar  then Claim Submission then Search Template. <p>19. Click the Submit Claim  button in the upper left hand corner of the screen.</p> <p>20. Click the Print button on the Print Pop Up screen which contains the TCN (Transaction Control Number). </p>	<ul style="list-style-type: none">  after each entry The Update Service Line Item button is only applicable if Service Lines have previously been added to the claim Select the claim Template within the list page or find the Template by selecting an option such as “Template Number” in the filter by menu Filter By :  If no errors are detected, a confirmation message appears providing a TCN (Transaction Control Number). If errors are detected, a pop-up error message appears. Click the OK button to close the error message and return to the claim to fix any errors
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